

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/583408  
APPLICATION

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2			6		2		52						
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50							100						
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TOTAL DEP.			←	↑	←		TOTAL DEP.			←		←	←
TOTAL CLAMDS			██████████	10	██████████		TOTAL CLAMDS			██████████		██████████	